Application Data Sheet

Application Information

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

None

Computer Readable Form (CRF)?::

No

Title::

\$1 50g

MAMMALIAN GAMETE AND EMBRYO

CULTURE MEDIA SUPPLEMENT AND

METHOD OF USING SAME

Attorney Docket Number::

033948-0126

Request for Early Publication?::

No

Request for Non-Publication?::

No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?::

No

Petition included?::

No

Secrecy Order in Parent Appl.?::

No

Applicant Information

Applicant Authority Type::

Inventor

Primary Citizenship Country::

Australia

Status::

Full Capacity

Given Name::

David K.

Family Name::

Gardner

City of Residence::

Highlands Ranch

State or Province of

Colorado

Residence::

Country of Residence::

Street of mailing address:: 9927 Clyde Circle

US

City of mailing address:: Highlands Ranch

State or Province of mailing CO

address::

Postal or Zip Code of mailing 80129

address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Australia

Status:: Full Capacity

Given Name:: Michelle T.

Family Name:: Lane

City of Residence:: Hawthorndene

State or Province of

Residence::

Country of Residence:: Australia

Street of mailing address:: 14 Pine Road

City of mailing address:: Hawthorndene

State or Province of mailing

address::

Postal or Zip Code of mailing SA 5051

address::

Correspondence Information

Correspondence Customer Number:: 23524

E-Mail address:: PTOMailMadison@Foley.com

Representative Information

Representative Customer	23524	
Number::		

Domestic Priority Information

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::
This Application	Continuation of	09/877,395	06/08/2001
09/877,395	An application claiming the benefit under 35 USC 119(e)	60/210,649	06/09/2000
09/877,395	An application claiming the benefit under 35 USC 119(e)	60/212,232	06/16/2000

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee	Inform	ation
----------	--------	-------

Assignee name::

Vitrolife, Inc.